

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE  
45 FREMONT STREET, 21ST FLOOR  
SAN FRANCISCO, CALIFORNIA 94105

RH06093053

CALIFORNIA CODE OF REGULATIONS, TITLE 10.  
CHAPTER 5, SUBCHAPTER 1.

ADOPT ARTICLE 12 TO READ:

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REGULATIONS

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Section 2194.9.      Authority and Purpose.

These regulations are promulgated pursuant to the authority granted to the Insurance Commissioner under the provisions of Assembly Bill No. 2520 (Stats. 2004, ch. 428). No self-service storage facility may sell or offer insurance without complying with Sections 1758.7 - 1758.792 of the California Insurance Code and these regulations.

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: 1758.7 - 1758.792, Insurance Code.

Section 2194.10.      Definitions.

As used in these regulations and in Article 16.3 (commencing with Section 1758.7) of the Insurance Code:

(a) "Authorized insurer" means any admitted insurer holding a California Certificate of Authority that includes the kinds of insurance enumerated in Section 1758.75 of the Insurance Code.

(b) "Franchise" and its derivatives are as defined in the California Corporations Code, Title 4, Division 5, Part 1 (commencing with Section 31005).

(c) "Organization" means any legal entity other than a natural person. Where reference is made to a natural person named on an organization license, the reference shall be to a person who is named to exercise the power and perform the duties under an organization license.

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: Sections 1628 and 1758.7, Insurance Code.

#### Section 2194.11. Applications.

(a) Each natural person (i.e., individual) or organization intending to act as a self-service storage insurance agent shall apply for and obtain a separate license.

(1) An individual licensee may own or act as the franchisee of more than one self-service storage company without obtaining additional licenses.

(2) An organization licensee may act as the franchisee of more than one self-service storage company without obtaining additional licenses.

(b) An individual or organization licensee shall file with the Commissioner any true name or fictitious name(s) under which the applicant intends to act as a self-service storage agent. The Commissioner may disapprove in writing, the use of any true or fictitious name (other than the bona fide true name of the individual) by any licensee pursuant to Article 1 (commencing with Section 2050) of this chapter.

(c) Any certification required in Article 16.3 (commencing with Section 1758.7) of the Insurance Code shall be made under penalty of perjury under the laws of the State of California.

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: Sections 1758.71 and 1758.72, Insurance Code.

#### Section 2194.12. Fees.

(a) A fee of \$250 shall be paid at the time the license application is filed.

(1) Applications that are not accompanied by the appropriate fee shall not be accepted for filing, whether or not they contain all the documents otherwise required by Sections 1758.71(a) and 1758.72(b) of the California Insurance Code.

(b) A fee of \$250 shall be paid at the time of self-service storage agent license renewal application is filed.

(c) Costs charged by the Department of Insurance for any enforcement action or investigation shall be paid by the licensee, in addition to the application or renewal filing fee.

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: Sections 1758.7 and 1758.71, Insurance Code.

Section 2194.13. Disclosure.

(a) The brochures or other materials that are provided to the prospective renter pursuant to Section 1758.76 of the California Insurance Code shall include, among other information:

(1) the approved true or fictitious name under which the licensee is doing business at the location in which the self-service storage transaction is taking place; and

(2) the name(s) of any insurer(s) providing the insurance being offered to the prospective purchaser.

(b) All disclosures required by Section 1758.76(b) of the California Insurance Code and these regulations shall be in writing and provided in a clear and conspicuous manner.

(c) A copy of the rental agreement shall be provided to the customer at the time of execution of the self-service storage rental agreement.

NOTE: Authority cited: Sections 1758.7, 1758.76(b), 1758.79, and 1758.792, Insurance Code. Reference: Sections 1758.75 and 1758.76, Insurance Code.

Section 2194.14. Training.

(a) If the training materials required pursuant to Section 1758.72(b) of the Insurance Code have been previously approved by the California Department of Insurance, the applicant is not required to submit the training materials. The applicant instead shall submit a letter, signed by both the fire and casualty broker-agent and by the applicant (or officer of the entity), stating that the applicant will use the approved training materials filed by the fire and casualty broker-agent.

(b) If endorsees of a single licensee doing business under the same name at multiple locations are selling the same insurance product, only one set of training materials need be submitted to the Commissioner for that product.

(c) Insurance products provided by different insurers shall be deemed to be different products for the purpose of these regulations.

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code. Reference: Section 1758.72, Insurance Code.

Section 2194.15. Records.

(a) Records of insurance transactions and other documents required by Article 16.3 (commencing with Section 1758.7) of the Insurance Code and these regulations shall be maintained for at least three (3) years after the expiration or cancellation date of the policy to which the records pertain, except where otherwise specifically authorized by statute or by the Commissioner in regulation.

(b) Records shall be kept in this State, in the principal office of the licensee, except where otherwise specifically authorized by statute or by the Commissioner in regulation.

(c) Records shall be produced for examination by the Commissioner or a designee of the Commissioner within thirty (30) days from the mailing date of a written request. Records may be requested in electronic or written format.

NOTE: Authority cited: Sections 1758.7, 1758.71, 1758.72, and 178.792, Insurance Code. Reference: Sections 1758.7, 1758.71, and 1758.72, Insurance Code.

Section 2194.16. Forms.

The following information is required to be filed with the Commissioner by license applicants and licensees:

(a) Form 441-9 for individuals.

<b>For Department Use Only</b> License _____ Passed Exam Date _____ Effective Date _____ WS # _____	<b>State of California</b> <b>Department of Insurance</b> <b>Individual License Application</b> (Type or print clearly)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">For Department Use Only</th> </tr> <tr> <td>Ready to Issue</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Work Auth. Exp. Date</td> <td>N/A</td> <td>Date / /</td> </tr> <tr> <td>Pending DBA Approval</td> <td>NO</td> <td>YES</td> </tr> <tr> <td>Refer to LBB</td> <td>NO</td> <td>YES</td> </tr> </table>	For Department Use Only			Ready to Issue	YES	NO	Work Auth. Exp. Date	N/A	Date / /	Pending DBA Approval	NO	YES	Refer to LBB	NO	YES
For Department Use Only																	
Ready to Issue	YES	NO															
Work Auth. Exp. Date	N/A	Date / /															
Pending DBA Approval	NO	YES															
Refer to LBB	NO	YES															
① <b>APPLICATION TYPE:</b> <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFICATE OF CONVENIENCE ② <b>LICENSE TYPE:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Life Agent (LX)  <input type="checkbox"/> Fire &amp; Casualty Broker-Agent (FX)  <input type="checkbox"/> Personal Lines Broker-Agent (PL)  <input type="checkbox"/> Credit Insurance (CI)  <input type="checkbox"/> Part Time Fraternal (PF)  <input type="checkbox"/> Travel Agent (TA)         </div> <div style="width: 45%;"> <input type="checkbox"/> Communications Equipment Agent(CV)  <input type="checkbox"/> Rental Car Agent (RC)  <input type="checkbox"/> Life &amp; Disability Analyst (LA)  <input type="checkbox"/> Surplus Line Broker (SL)**  <input type="checkbox"/> Special Lines' Surplus Line Broker (SP)**  <input type="checkbox"/> Motor Club Agent (MC)  <input type="checkbox"/> Cargo Shipper's Agent (CS)         </div> </div>		Work Station Stamp  <input type="checkbox"/> Vehicle Service Contract Provider (VS) <input type="checkbox"/> Self-Service Storage Agent (SS) ③ Social Security Number (SSN)* _ _ _ - _ _ - _ _ _															
④ Last Name _____ First Name _____ Full Middle Name _____ Suffix _____ ⑤ <input type="checkbox"/> Male <input type="checkbox"/> Female		⑥ Date of Birth (month/day/year) _____															
⑦ Resident Address (P.O. Box not acceptable) _____ ⑧ City _____		⑨ State _____ ⑩ Zip Code _____															
⑪ Home Phone Number ( ) - _____	⑫ Are you a citizen of the United States? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, you must supply a copy of both sides of your work authorization)																
⑬ Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
⑭ Business Address (P.O. Box not acceptable.) _____ ⑮ City _____		⑯ State _____ ⑰ Zip Code _____															
⑱ Business Phone Number ( ) - _____	⑲ Business Fax Number ( ) - _____	⑳ E-mail Address (required to self schedule) _____ ㉑ Business Web Site Address _____															
㉒ Mailing Address (P. O. Box is acceptable) _____ ㉓ City _____		㉔ State _____ ㉕ Zip Code _____															

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**SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION**  
(In Compliance with The Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the examination(s)?

☐ Yes

☒ No, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:

- Description of the disability and limitations related to the testing
- Recommended accommodation/modification
- Name, title, and telephone number of the medical authority or specialist
- Original Signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

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**EXAMINATION INFORMATION:**

Do you wish to self schedule your examination on line ☐ Yes ☐ No (If No, please complete the exam questions below)  
(If Yes, the department will notify you by email with instructions once your application has been processed)

Desired Location\_\_\_ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday).

a.m. \_\_\_\_

Desired Date \_\_\_\_\_ p.m. \_\_\_\_ If we are unable to provide you with the date selected, you will be scheduled the next available date.

List any dates that you are not available:

\*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

\*\*Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application

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**WORK/PERSONAL HISTORY**

Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

	From Month    Year		To Month    Year		Position Held
Name					
City	State				
Name					
City	State				
Name					
City	State				
Name					
City	State				

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**DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE LICENSE AS A RESIDENT IN THIS STATE OR ANY OTHER STATE?**..... ☐ Yes ☐ No

Type of License	State or Province	Date License Held	Is License in Force

**30 AKA/ALIAS**

Are you now using or have you ever used any name other than shown?.....

☐ Yes ☐ No

If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

**31 FICTITIOUS NAMES:**

Do you intend to use a fictitious (DBA) name? .....

☐ Yes ☐ No

If yes, list the name: (This name must be approved by the Department prior to use.) .....

**32 LIFE AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:**

Are you intending to act as a Variable Contract Agent?.....

☐ Yes ☐ No

Are you registered with SECO or NASD? .....

☐ Yes ☐ No

CRD# ..... If CRD# is not provided, acceptable proof of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license may be issued without Variable Contract authority.

**33 LIFE AGENT LICENSE APPLICANTS ONLY:**

Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code? .....

☐ Yes ☐ No

**34 PRELICENSING CERTIFICATES:**

Do you certify that you have completed your prelicensing education? If no, your prelicensing education must be completed prior to taking your examination.

If yes, you must provide the completion date:

☐ Yes ☐ No

**Background Information**

**35 The Applicant must read the following very carefully and answer every question:**

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of **any** violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct the business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must obtain written consent. **If you have not obtained this written consent you must do so prior to filing your application. DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE DONE SO.** If you have received consent, a copy of your consent letter must be attached to this application. If you are applying for a non-resident license, attached a copy of the written consent letter issued by your home state. Instructions to apply for the written consent are available on the CDI's Web site at [www.insurance.ca.gov](http://www.insurance.ca.gov).

1. Have you ever been convicted (please read definition of crime below before answering) of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?..... ☐ Yes ☐ No
- “Crime” includes a felony, a misdemeanor or military offense. “Convicted” includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You should answer “yes” if you have been convicted of a felony or a misdemeanor including driving offenses such as, but not limited to reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.
- If you answer yes, you must attach to this application:
- a) a written statement with original signature explaining the circumstances of each incident,
  - b) a certified copy of the charging document, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgement.
2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ Yes ☐ No
- “Involved” means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- If you answer yes, you must attach to this application:
- a) a written statement, with original signature, identifying the type of license and explaining the circumstances of each incident,
  - b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? ☐ Yes ☐ No
- If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
4. Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... ☐ Yes ☐ No
- If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... ☐ Yes ☐ No
- If you answer yes, you must attach to this application:
- a) a written statement, with original signature, summarizing the details of each incident,
  - b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... ☐ Yes ☐ No
- If you answer yes, you must attach to this application:
- a) a written statement, with original signature, summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of any relevant documents.



#### APPLICANT'S CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

**ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_\_

#### NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

**AGENCY:** Department of Insurance    **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309    **TELEPHONE NUMBER:** (800) 967-9331 or (916) 322-3555

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, Producer Licensing Bureau

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:** The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES OWN PERSONAL FILES MAINTAINED BY THE AGENCY SUBJECT TO ANY LIMITATIONS UNDER THE INFORMATION PRACTICES ACT OF 1977, CIVIL CODE SECTION 1798.40, AND EXEMPTIONS UNDER THE CALIFORNIA PUBLIC RECORDS ACT, GOVERNMENT CODE SECTION 6254.**

#### INSTRUCTIONS FOR COMPLETING APPLICATION

**RE: "LICENSE TYPE"** a separate application is required for each license type requested

**RE: "APPLICANT NAME"** Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.

**RE: "ADDRESS INFORMATION"** Do not enter the word "same" in any address area. Enter the appropriate address. P. O. BOX is **not** acceptable for a resident or business address. Business and mailing addresses are public record and are available to the public. **It is the applicants/licensees responsibility to notify the department of any change in address.**

**RE: "ARE YOU A CITIZEN OF THE UNITED STATES"** If no is answered, the applicant must supply a copy of both sides of the work authorization.

**RE: "EXAM INFORMATION"** Examinations are administered daily, Monday through Friday at 8:30 a.m. and 1:00 p.m., in Los Angeles (LA), San Diego (SD), San Francisco (SF) and Sacramento (SA). An examination is also administered twice monthly in Clovis usually the second and fourth Saturday of the month at 8:30 a.m. If you fail to appear for a scheduled examination, an additional examination fee will be required for rescheduling.

**RE: "PREVIOUS LICENSE HISTORY INFORMATION"** If currently licensed as a resident in another state, upon becoming a California resident, a clearance letter from the previous state of residence is also required.

**RE: "AKA/ALIAS"** List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.

**RE: "BACKGROUND QUESTIONS"** If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional certified documentation described with each question.

**PRELICENSING EDUCATION REQUIREMENTS:** Effective 1/1/92 all new applicants must:

- A) take an approved minimum 40-hour class for the fire and casualty broker-agent license exam, and/or;
- B) take an approved minimum 40-hour class for the life agent license exam, and/or;
- C) take an approved minimum 20-hour class for the personal lines broker-agent license exam,
- D) and take an approved minimum 12-hour class on ethics and the California Insurance Code.

An applicant will be taking either 52 hours (40 and 12) or 92 hours (40 and 40 and 12) of prelicensing class hours depending on whether one or both licenses are being sought. The Personal Lines Broker-Agent applicant is required to complete 32 hours (20 and 12) of prelicensing classroom hours. **Original certificates must be signed and submitted with the application.**

#### ADDITIONAL FILING REQUIREMENTS:

The following documents are required to be submitted with the application for the specific license types as listed:

**MC** - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company.

**SL** - \$50,000 bond (Form 447-31) with a properly executed Power of Attorney form attached.

**SP** - \$10,000 bond (Form 447-32) with a properly executed Power of Attorney form attached.

**CS** - \$10,000 bond (Form 447-70) with a properly executed Power of Attorney form attached.

**CI** - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.



The following documents may be submitted with the initial application. Submitting these documents at a later date will not delay the issuance of your license, however, no authority to transact insurance will be granted until such time as the document has been received. If submitting an online application, these documents are to be submitted after your license is issued:

**PF** - Action Notice of Appointment (Form 447-54A) from the sponsoring fraternal benefit society or association admitted to California.

**LX** - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or; Business Entity Endorsement (Form 411-8A completed by sponsoring business entity. To be granted variable authority acceptable proof of registration with SECO or NASD must be submitted with application and you must be appointed by an insurer authorized for variable contracts. Failure to submit proof of registration will result in license being issued without variable authority.

**TA** -Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company.

**FX/PL** - License authority is determined by what documents are submitted. To act as a:

**BROKER** - \$10,000 bond (Form 417-5) with properly executed Power of Attorney form attached and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.

**AGENT** - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.

**SOLICITOR** -Action Notice of Solicitor (Form 417-31) completed by the sponsoring insurance agent or broker.

➤ To obtain insurance licensing **FORMS** by mail, send request to: Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814, or you may phone Sacramento toll free at (800) 967-9331 or (916) 322-3555, press 3. Forms are also available on our Web site at <http://www.insurance.ca.gov>

➤ To obtain insurance licensing information, you may phone our Sacramento office toll free at (800) 967-9331 or (916) 322-3555. You may also obtain licensing information and a complete list of licensing fees by visiting our Web site at <http://www.insurance.ca.gov>

➤ MAIL APPLICATION WITH ATTACHMENTS AND FEES TO: DEPARTMENT OF INSURANCE  
P. O. BOX 1139  
SACRAMENTO, CA 95812-1139

(b) Form 441-11 for organizations.

For Department Use Only License # _____ Effective Date _____ WS# _____	<b>State of California – Department of Insurance</b> <b>Business Entity Application</b> <b>for Insurance License</b> <b>(Type or print clearly)</b>		
<b>① BUSINESS ENTITY TYPES:</b> (check only one please)			
<input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Limited Liability Partnership/Limited Partnership	
<b>② LICENSE TYPE:</b>			
<input type="checkbox"/> Life Agent (LX) <input type="checkbox"/> Fire & Casualty Broker-Agent (FX) <input type="checkbox"/> Personal Lines Broker-Agent (PL) <input type="checkbox"/> Credit Insurance (CI) <input type="checkbox"/> Rental Car Agent (RC) <input type="checkbox"/> Motor Club (MC)		<input type="checkbox"/> Self-Service Storage Agent (SS) <input type="checkbox"/> Communication Equipment Insurance Agent (CV) <input type="checkbox"/> Surplus Line Broker (SL) <input type="checkbox"/> Special Lines' Surplus Line Broker (SP) <input type="checkbox"/> Life & Disability Analyst (LA) <input type="checkbox"/> Cargo Shipper's Agent (CS) <input type="checkbox"/> Vehicle Service Contract Provider (VS)	
<b>③ Business Entity Name</b>			
<b>④ Federal Employer Identification Number</b> _____		<b>⑤ Incorporation /Formation date</b> _____ month _____ day _____ year	
<b>⑦ Business Address (P.O. Box not acceptable.)</b>		<b>⑥ State of Incorporation:</b> Attach copy of Certificate of Good Standing	
<b>⑧ City</b>		<b>⑨ State</b> <b>⑩ Zip Code</b>	
<b>⑪ Business Phone Number</b> ( ) -		<b>⑫ Business Fax Number</b> ( ) -	
<b>⑬ Business E-mail Address</b>		<b>⑭ Business Web Site Address</b>	
<b>⑮ Mailing Address (P. O. Box is acceptable)</b>		<b>⑯ City</b> <b>⑰ State</b> <b>⑱ Zip Code</b>	

**⑲ FICTITIOUS NAMES:**

A. Does the business entity intend to use a fictitious (DBA) name? .....

☐ Yes ☐ No

If yes, list such name: (This name must be approved by the Department prior to use.) .....

B. Is the business entity now or has it ever used any name other than shown? .....

☐ Yes ☐ No

If yes, list names, dates and reason(s) used. ....

**⑳ BUSINESS ENTITY INFORMATION:**

Is this business entity engaged in any business or activity other than insurance? .....

☐ Yes ☐ No

If yes, answer the following:

A. What is the nature of this other business or activity? .....

B. What percentage of the business entity's net income will be derived from this other business or activity? .....

IMPORTANT: Business entity applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting of insurance is not incompatible under such laws.

**㉑** Is the business entity an insurer? .....☐ Yes ☐ No**㉒** DOES THE BUSINESS ENTITY HOLD OR HAS IT EVER HELD AN INSURANCE LICENSE AS A RESIDENT IN ANY STATE, INCLUDING THE STATE OF CALIFORNIA? .....☐ Yes ☐ No

If yes, complete the following: (attach a separate sheet if needed)

Type of License and License Number	State or Province	Date License Held	Is License In Force?

**㉓ FIRE & CASUALTY BROKER-AGENT APPLICANTS ONLY:**

Do you intend to act in the capacity of a Vehicle Service Contract Administrator? .....

☐ Yes ☐ No

Do you intend to act in the capacity of a Vehicle Service Contract Refund Agreement Administrator? .....

☐ Yes ☐ No**㉔ VEHICLE SERVICE CONTRACT PROVIDER APPLICANTS ONLY:**

Do you intend to act in the capacity of a Vehicle Service Contract Refund Agreement Obligor? .....

☐ Yes ☐ No**㉕ LIFE AGENT LICENSE APPLICANTS ONLY:**

Does the business entity intend to act as a Variable Contract Agent? .....

☐ Yes ☐ No

Any business entity intending to act as a Variable Contract Agent must have at least one Designated/Responsible Licensed Producer authorized as a Variable Contract Agent.

**DESIGNATED/RESPONSIBLE LICENSED PRODUCER****㉖ Identify all Designated/Responsible Licensed Producers\***

Name_____	SSN**_____	License #_____
Name_____	SSN**_____	License #_____
Name_____	SSN**_____	License #_____
Name_____	SSN**_____	License #_____

(Attach a separate sheet if needed)

\*The designees listed above are not required to complete Form 411-8A

**BUSINESS ENTITY DISCLOSURE****27 Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity\***

\*If partnership, attach copy of partnership agreement, if any. If no agreement, so state.

Name_____	Title_____	SSN/FEIN**_____	% of ownership_____
Name_____	Title_____	SSN/FEIN**_____	% of ownership_____
Name_____	Title_____	SSN/FEIN**_____	% of ownership_____
Name_____	Title_____	SSN/FEIN**_____	% of ownership_____
Name_____	Title_____	SSN/FEIN**_____	% of ownership_____
Name_____	Title_____	SSN/FEIN**_____	% of ownership_____

**28 CONTROLLING PERSON:**

A "Controlling Person" includes: individual, corporation, partnership, limited liability company, limited partnership or trust.

You the applicant, must identify the Controlling Person, including the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any other person who directly or indirectly possess the power to control the affairs of the business entity.

Is there any business entity, such as a holding company, which acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code?.....

☐ Yes ☐ No

If yes, you must identify the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any person who directly or indirectly possess the power to control the affairs of the business entity. (Attach separate sheet if more space is needed)

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_

**29 SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY:** Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172).

List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by the business entity: \_\_\_\_\_

**SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION**

List name of each person applying to transact under the authority of this license type, and their relationship to the business entity. (Relationship to the business entity must be that of an EMPLOYEE, OFFICER, PARTNER, MEMBER, OR MANAGER as appropriate to the organization application.) A separate application form 441-9 must be completed by each person named below, and attached to this business entity application.

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

**\*\* Mandatory pursuant to Cal. Ins. Code, §1666.5; Cal. Civil Code §1798.17; Cal. Family Code § 17520(d); and the Federal Privacy Act of 1974 §§7(a)(2)(B) and 7(b).**

## BACKGROUND INFORMATION

Please read the following very carefully and answer every question:

- 30 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, or any shareholders owning 10% or more interest in the business entity, ever been convicted of, or is the business entity or, any partner, member, controlling person officer director, manager or any shareholders owning 10% or more interest in the business entity currently charged with, committing a crime, whether or not adjudication was withheld?..... ☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- d) a written statement with original signature explaining the circumstances of each incident,
- e) a certified copy of the charging document, and
- f) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

- 31 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been involved in an administrative proceeding regarding any professional or occupational license?..... ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement with original signature identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 32 Has any demand been made or judgment rendered against the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?..... ☐ Yes ☐ No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

- 33 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... ☐ Yes ☐ No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

- 34 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 35 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

➤ **IMPORTANT NOTICE FOR LIMITED LIABILITY COMPANIES:**

Section 1647.5(c) of the California Insurance Code (CIC) requires Limited Liability Company licensees (limited to Fire and Casualty, Life, Surplus Lines, Special Lines, or Cargo Shipper agents) to file with the Insurance Commissioner an annual confirmation demonstrating continuing compliance with the financial security requirements of Section 1647.5 CIC. This annual confirmation is typically satisfied by submitting proof of errors and omissions liability insurance coverage. The aggregate dollar amount of errors and omissions coverage can be in the form of cash, bonds, bank certificates of deposit, U.S. Treasury obligations, etc., held to provide security for claims against the Limited Liability Company. (The amount required over the minimum of \$500,000 is at least \$100,000 multiplied by the number of licensees rendering professional services on behalf of the company; however, the maximum amount is not required to exceed \$5,000,000.00.)

For the purposes of satisfying this requirement, you are required to provide **one** of the following:

1. Complete and return the enclosed Certificate of Coverage (form LIC CC1) signed by a representative of the insurance company providing the errors and omissions policy (Form LLC CC1 is available from the departmental website at [www.insurance.ca.gov](http://www.insurance.ca.gov)); or,
2. If assets other than the errors and omissions liability insurance are being used to satisfy the security requirements, provide verification from the bank or escrow holder listing the type of asset and the current dollar amount.

**APPLICANT'S CERTIFICATION:**

I (we) certify (or declare) under penalty of perjury that:

- (a) the named business entity intends actively and in good faith to carry on an insurance business with the general public;
- (b) the business entity's articles of incorporation or articles of organization or association or partnership agreement, as the case may be, do not forbid it to act in the capacity for which this application is being made;
- (c) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) by which it is licensed (if any);
- (d) if the license is granted, only those natural persons so authorized will transact insurance under each license;
- (e) (Surplus Line and Special Lines' applicants only) - we apply for a license pursuant to the provisions of Chapter 6, Part 2, Division 1 of the Insurance Code of the State of California permitting the solicitation, negotiation and subject to the provision of said Chapter, the effecting of insurance to be procured from or placed with insurers not authorized to transact insurance business in this State.

Further, I (we) certify (or declare) under penalty of perjury that I (we) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (we) understand that pursuant to Sections 1668 (h) and 1738 of the Insurance Code, any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Sections 1703 and 1733, I (we) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

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➤ **SIGNATURE(S)** \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

If organization is a partnership, each partner must sign this application.

If organization is a corporation, an officer having authority to bind the organization must sign.

If organization is a limited liability company, an officer, member or manager having authority to bind the organization must sign.

If organization is a nonprofit corporation or unincorporated association, all members must sign.

➤ **DATE EXECUTED** \_\_\_\_\_, **AT** \_\_\_\_\_, \_\_\_\_\_  
(month, day, year) (city) (state)

BUSINESS PHONE # ( ) \_\_\_\_\_

➤ **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

Name of Business Entity \_\_\_\_\_  
FEIN # \_\_\_\_\_

### **ACTION NOTICE OF APPOINTMENT\***

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

**Filing fees required for each appointment submitted.**

**\*If this appointment form is completed by the insurer, Form 447-54A is not required**

Appointment Types: FX: Fire and Casualty LX: Life DO: Disability Only PL: Personal Lines CI: Credit Insurance  
RC: Rental Car Applicants must complete a Rental Car Agent Notice of Appointment, Form RCA 3

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Official Title	Date
Phone Number (____) _____		

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Insurer	Official Title	Date
Phone Number (____) _____			

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Insurer	Official Title	Date
Phone Number (____) _____			

**Please note:** Form 447-54A and filing fee must be submitted for each additional appointment.

#### **NOTICE: INFORMATION COLLECTION AND ACCESS**

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

**AGENCY:** Department of Insurance    **ADDRESS:** 320 Capitol Mall, Sacramento, Ca 95814-4309    **TELEPHONE NUMBER:** (800) 967-9331 or (916) 322-3555

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, Producer Licensing Bureau

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** It is mandatory that you provide all information

requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**THE PRINCIPAL PURPOSES (S) FOR WHICH THE INFORMATION IS TO BE USED:** The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**EACH INDIVIDUAL HAS THE RIGHT TO REVIEW OWN PERSONAL FILES MAINTAINED BY THE AGENCY SUBJECT TO ANY LIMITATIONS THE INFORMATION PRACTICES ACT OF 1977, CIVIL CODE SECTION 1798.40, AND EXEMPTIONS UNDER THE CALIFORNIA PUBLIC RECORDS ACT, GOVERNMENT CODE SECTION 6254.**

## • INSTRUCTIONS FOR COMPLETING BUSINESS ENTITY APPLICATION

### RE: "BUSINESS ENTITY TYPE":

**CORPORATION**- if already incorporated, attach a copy of your Certificate of Good Standing. If corporation has been formed as a result of a merger, submit a copy of your approved merger papers.

**PARTNERSHIP** - attach a copy of the partnership agreement (if any). If no agreement, so state on application. **The PARTNERSHIP'S FEDERAL IDENTIFICATION NUMBER IS MANDATORY** and must be entered in the space shown.

**LIMITED LIABILITY COMPANY** - attach a copy of your approved articles of organization. Additional requirements are listed on page 4. This documentation must be submitted with your application.

### RE: "BUSINESS ENTITY NAME":

The true business entity name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the Insurance Commissioner.

### RE: "FICTITIOUS NAME":

If you intend to transact insurance in a name other than the true business entity name, enter such fictitious name. This name is subject to disapproval by the Insurance Commissioner.

### RE: "DESIGNATED/RESPONSIBLE LICENSED PRODUCER":

You must list all licensed producers intending to transact on behalf of the business entity. All unlicensed producers intending to transact on behalf of the business entity must complete form 441-9.

### RE: "CONTROLLING PERSON":

Insurance Code Section 1668.5(b), in part, defines a "controlling person" as a person who possesses the power to direct or cause the direction of the management and policies of the business entity.

### RE: "BACKGROUND INFORMATION":

If the answer is "yes" to any of these questions, you must submit required documentation.

### RE: "APPLICANT'S CERTIFICATION":

**Partnership** - each partner of the partnership must sign. **Corporation or Association** - an officer having authority to bind the Corporation or Association must sign.

### FEEs

A) Licenses are issued for a two-year term, which begins the date the first license is issued to the business entity and ends the last day of that calendar month two years later. Subsequent licenses are issued for the balance of the established license term.

B) **Fees:** Filing fees are required for each business entity application submitted, except that Surplus Line or Special Lines' fees may vary - see below:

#### SURPLUS AND SPECIAL LINES' FILING FEES:

- 1) One filing fee covers the first **TWO** natural persons named under either of these license types. An additional filing fee is required for each subsequent natural person to be named on the license.
- 2) Fees collected from one person for either the Surplus Line or Special Lines' license cover that person's fees for both licenses.

C) Total fee due is determined by adding the appropriate filing fees in (A) and (B) above to other applicable fees listed in enclosed fee chart.

➤ **PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.**

➤ **MAIL APPLICATION WITH FEES TO: DEPARTMENT OF INSURANCE  
P. O. BOX 1139  
SACRAMENTO, CA 95812-1139**

➤ **DIRECT QUESTIONS REGARDING THIS FILING TO THE PRODUCER LICENSING BUREAU IN SACRAMENTO, (800) 967-9331 or (916) 322-3555**

➤ **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

(c) Form Lic. SSA 1.

The list of authorized endorsees shall be made on Form Lic. SSA 1. The list shall be maintained in a format capable of transmission to the Commissioner or a designee of the Commissioner electronically and in hard copy or diskette, however requested by the Commissioner or a designee of the Commissioner pursuant to Section 2194.15(c) above. The electronic version shall be transmitted in commercial word-processing or spreadsheet form. When requested, the list shall be updated to include endorsees newly authorized up to thirty (30) days before the mailing date of the request, and shall include the dates upon which each endorsee's authorization began and, if relevant, terminated. It shall then be transmitted as an attachment to the e-mail or by regular mail in hard copy or diskette, as requested.

The appropriate e-mail or regular mailing addresses shall be posted by the Department on its website at <http://www.insurance.ca.gov>.

## **Authorized Endorsees – Self-Service Storage Facility Form Lic. SSA 1**

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

Information: (800) 967-9331 Or (916) 322-3555

[www.insurance.ca.gov](http://www.insurance.ca.gov)

### **California Department of Insurance Self-Service Storage Agent Authorized Endorsees**

**Pursuant to CIC Section 1758.72(d)**

Effective Date: \_\_\_\_\_

The listed endorsees, having met the training requirements of California Insurance Code Section 1758.72(a) are authorized to offer the following types of insurance in connection with the rental of self-service storage space.

1. Hazard insurance providing coverage to renters for the loss of, or damage to, tangible personal property in storage or in transit during the rental period, only in connection with and incidental to, self-service storage rental agreements.

Note: This form must be completed annually and maintained for a three year period pursuant to CIC section 1758.72(d)



[www.insurance.ca.gov](http://www.insurance.ca.gov)

Pursuant to CIC Section 1758.72(d)

[illegible]

The insurer certification shall be made on Form Lic. SSA 2.

# Notice of Appointment – Self-Service Storage Facility Form Lic. SSA 2

## Producer Licensing Bureau

P.O. Box 1139

Sacramento, CA 95812-1139

Information: (800) 967-9331 Or (916) 322-3555

[www.insurance.ca.gov](http://www.insurance.ca.gov)

## SELF-SERVICE STORAGE AGENT NOTICE OF APPOINTMENT

To California Insurance Commissioner  
Pursuant to CIC Section 1758.71 (a)(2)

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_  
Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the self-service storage facility named herein to act as its agent and certifies that it has satisfied itself that the named self-service storage facility is trustworthy and competent to act as its self-service storage agent.

Name of Self-Service Storage Facility \_\_\_\_\_

Social Security # / FEIN # \_\_\_\_\_

(\*Mandatory pursuant to Cal. Ins. Code § 1666.5; Cal. Civil Code § 1798.17; Cal. Family Code § 17520(d); and Federal Privacy Act of 1974 §§7(a)(2)(B) and 7(b).)

Effective Date \_\_\_\_\_

CIC Section 1758.71 (a)(2) requires that an applicant for a self-service storage agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the self-service storage agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the self-service storage agent license applied for is issued by the commissioner.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Signature of insurer or managing agent of insurer: Signature must be that of an officer of the Company, managing agent, or a person authorized under a Special Power of Attorney on file with the Department.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Official Title (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Insurer or managing agent  
(print)

By: \_\_\_\_\_  
(signature)

(e) Form Lic. SSA 3.

Training materials submitted to the Commissioner shall contain all of the elements set forth in Form Lic. SSA 3.

## **Required Training Elements – Self-Service Storage Facility Form Lic. SSA 3**

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

Information: (800) 967-9331 Or (916) 322-3555

[www.insurance.ca.gov](http://www.insurance.ca.gov)

### **California Department of Insurance Self-Service Storage Agent Outline of Required Training Elements**

California Insurance Code Section 1758.72(a) requires all self-service storage agents to provide an insurance training program for its employees that shall meet specified minimum requirements. In an effort to assist you with developing your training program, we have provided you with the following checklist of required training elements to be covered in your materials.

1. Section 1758.72(a)(1) requires that each employee receive instruction about the types of insurance specified in Section 1758.75, as follows, that are offered for sale to prospective renters.
  - ✓ Insurance that provides hazard insurance coverage to renters for the loss of, or damage to, tangible personal property in storage or in transit during the rental period, and only in connection with, and incidental to, self-service storage rental agreements.
2. Section 1758.72(a)(2) requires that each employee receive training about ethical sales practices. Pursuant to 1758.78 a self-service storage agent shall not do any of the following:
  - ✓ Offer to sell insurance except in conjunction with, and incidental to, authorized rental agreements.
  - ✓ Advertise, represent, or otherwise portray itself or its employees as licensed insurers, insurance agents, or insurance brokers.

Section 1758.76(a) states that a licensee shall not sell insurance pursuant to this article unless all of the following conditions are satisfied: The self-service agent provides brochures or other written material to the prospective renter that does all of the following:

- ✓ Summarizes the material terms and conditions of coverage offered to renters, including the identity of the insurer.
- ✓ Describes the process for filing a claim, including a toll-free telephone number to report a claim.
- ✓ Discloses any additional information on the price, benefits, exclusions, conditions, or other limitations of the types of insurance specified in 1758.75 that the commissioner may by rule prescribe in regulation.

- ✓ Provide the licensee's name, address, telephone number, and license number and the availability of the department's toll-free consumer hotline.

3. Section 1758.72(a)(3) requires that each employee receive training about the disclosures to be given to prospective renter pursuant to subdivision (b) of Section 1758.76. The self-service storage agent makes all of the following disclosures to the renter, which shall be acknowledged in writing by the renter, or displayed by clear and conspicuous signs that are posted at every location where rental agreements are executed, such as the counter where a renter would sign a rental agreement:

- ✓ That the purchase by the renter of the insurance is not required in order to rent storage space. However, the licensee's employees may advise the renter that the self-service storage facility's rental agreement may contain provisions requiring the renter to provide insurance on his or her property in the storage unit.
- ✓ That the insurance policies offered by the self-service storage agent may provide a duplication of coverage already provided by a renter's homeowners insurance policy or by another source of coverage.
- ✓ That the self-service storage facility and its employees are not qualified or authorized to evaluate the adequacy of the purchaser's existing coverage.
- ✓ That if a renter elects to purchase the coverage, evidence of coverage must be stated on the face of the rental agreement or must be provided to the renter.
- ✓ That the insurance is provided under an individual, a group, or a master policy issued to the self-service storage agent by an insurer authorized to write the types of insurance specified in Section 1758.75 in this state.

(f) All forms set forth in their entirety in this section are available upon request, by telephone or in writing to the Department of Insurance or on the website of the Department of Insurance at [www.insurance.ca.gov](http://www.insurance.ca.gov).

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: Sections 1758.7, 1758.71, and 1758.72, Insurance Code.

#### Section 2194.17. Procedures.

(a) The following criteria shall apply to procedures employed by the Commissioner in considering and issuing licenses:

(1) If the application is deficient, the Commissioner shall, within twenty-one (21) calendar days of receipt of the license application, inform the applicant, in writing, that the application is deficient and what specific information is required for completion. Absent notice of a deficiency, the application is deemed complete at the date of filing.

(2) The Commissioner shall, within thirty (30) calendar days of filing of a completed application, reach a decision whether to issue or deny a license, and shall notify the applicant of the decision. If the Commissioner has decided to deny the application, the reason(s) therefor shall be set forth in the notification.

(b) The periods set forth above shall be tolled in the event the application requires legal action by the Commissioner.

(c) The California Department of Insurance's median, minimum and maximum times for processing a license from the receipt of the initial completed application to the final license decision, and excluding applications that required legal action by the Commissioner, are as follows:

- (1) thirty (30) calendar days (median time),
- (2) fourteen (14) calendar days (minimum time),
- (3) one (1) calendar year (maximum time)

NOTE: Authority cited: Sections 1758.7 and 1758.792, Insurance Code.  
Reference: Section 1670, Insurance Code.